

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 831242 (3)**

1. Corporation Name  
**EFFJOHN NORTH AMERICA LIMITED, INC.**



Principal Place of Business Mailing Address  
**1515 N. FEDERAL HWY.  
SUITE 108  
BOCA RATON FL 33432  
US**

3. Date Incorporated or Qualified <b>11/08/1973</b>	3a. Date of Last Report <b>08/26/1996</b>
4. FEI Number <b>59-1490885</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent  
**FIELD, STEPHEN  
4000 HOLLYWOOD BLVD.  
SUITE 385 SOUTH  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name <b>PATRICK DOYLE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1515 N FEDERAL HWY</b>
83 <b>SUITE # 108</b>
84 City <b>BOCA RATON</b>
85 Zip Code <b>FL 33432</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **PATRICK DOYLE, CFO** (NOTE: Registered Agent signature required when reinstating) **3/4/97** DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OSTERBERG, HENRIK</b>	
STREET ADDRESS	<b>BULEVARDI 1A</b>	
CITY - ST - ZIP	<b>HESINKI FI</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>DOYLE, PATRICK</b>	
STREET ADDRESS	<b>4000 HOLLYWOOD BLVD., 3855</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRANT, PAUL</b>	
STREET ADDRESS	<b>3250 CORPORATE WAY</b>	
CITY - ST - ZIP	<b>MIRAMAR FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Patrick Doyle** **3/4/97** **(561) 384-2116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)